



COMPLETE THIS SECTION ON DELIVERY		
<p>SENDER: COMPLETE THIS SECTION</p> <p>Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so the recipient can return the item if necessary.</p> <p>■ Attach a copy of the shipping label to the back of this form.</p> <p>■ Or on the 100% recyclable envelope. or on the 100% recyclable envelope.</p>		
<p>A. Signature</p> <p>X</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>		
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES enter delivery address below:</p>		
<p>1. Article Addressed to:</p> <p>Kurt Boehm 36 E. Seventh St. Suite 1510 Cincinnati, OH 45202</p> <p>12/19/2019 2:53 PM</p>		
<p>2. Article Number</p> <p>P16: E-01[Transfer 345A-18/02/2018]</p> <p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Merchandise <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		
		PS Form 3811, July 2015 PSN 7550-02-0000-9053
		Domestic Return Receipt